

Name in Full

Certificate of Death

Chas. P. Baile

Died at <sup>Town</sup> New Windsor <sup>County</sup> Carroll Co MARYLAND

Data 1903 <sup>Month</sup> October <sup>Day</sup> 2 <sup>Y.</sup> 60 <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> Md <sup>Occupation</sup> Cabinet Maker

<sup>Male</sup> <sup>Female</sup> <sup>White</sup> <sup>Colored</sup> <sup>Married</sup> <sup>Single</sup> <sup>Widow</sup> <sup>Widower</sup> <sup>Divorced</sup> <sup>Number of children living</sup> none

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of <sup>Primary</sup>Death <sup>Immediate</sup> Heart Trouble

How long sick

5 months

Accident, Suicide, Homicide

Reported by

H Bankard Undertaker

Address

New Windsor Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mr Geo Brown

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Linksburg</i> <small>Town</small>		County <i>Carroll</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Oct</i>	Day <i>1st</i>	Age <i>—</i>	Years <i>—</i>	Months <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>	Days <i>1</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Leonard Baker</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Alice Hays</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Leonard Baker</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Enterocolitis</i>	How long <i>3 weeks</i>
Immediate <i>Menigitis</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Jos. M. Henning</i>
	Address <i>Medford N.J.</i>
Accident or Suicide?	

Penwell Grove

Rebecca Bankard

Died at <sup>Town</sup> Pleasant Valley <sup>County</sup> Carroll

MARYLAND

Date 1902 Oct 28 | Age 89 9 - | Native of America | Occupation Land Retired

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband of Abram Bankard

Wife

Father's Name Jacob Myers

Mother's Name Skaupner

Cause of Death { Primary Old age

Immediate Heart failure

How long sick 3 days

Accident, Suicide, Homicide

Reported by

Address

Uniontown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

*William Barber*  
 Town *Hampstead* County *Carroll* MARYLAND

Died at *Hampstead* *Carroll*  
 Date 19*22* Month *10* Day *25* Age *52-1-20* Native of *md* Occupation *Laborer*  
 Male ☒ White ☒ Married ☒ Widower ☒ Divorced ☐  
 Female ☐ Colored ☐ Single ☐ Number of children living *8*

Husband of *Hannah A. Barber*  
 Wife *Hannah A. Barber*  
 Father's Name *John K. Barber* Mother's Maiden Name *unknown*

Cause of Death { Primary *Valvular Heart* Immediate *Paralysis* }  
 How long sick *2 yrs*  
 Accident, Suicide, Homicide *1*

Reported by *Dr. Geo. H. Wilson*  
 Address *Fruitland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Dr John A Buffington

Town

County

MARYLAND

Died at

New Windsor Carroll

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

10 18

Age

40

Md

Doctor

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband

of

~~Wife~~

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

One Hour

Death

Immediate

Heart Disease

~~Accident, Suicide, Homicide~~

Reported by

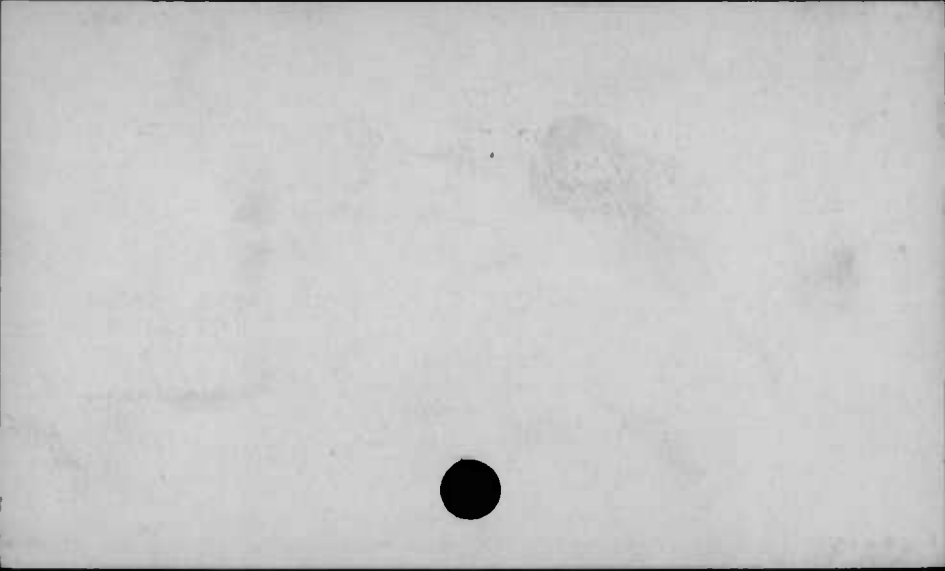
C P Baile (Undertaker)

Address

New Windsor Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Mary Ann Byyard

Town

County

Died at

Parrishville Carroll

MARYLAND

Date 19 02      Month 10      Day 6      Y.      M.      D.      Native of      Occupation

Age 78      Ind.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband of

Wife

Father's

Name

Randolph Byyard

Mother's

Maiden Name

Joseph Caine      Catherine Fleming

Cause of

Primary

Nephritis &amp; Heart Disease

How long sick

12 mo

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

J. W. Lacy, Undertaker

Lisbon, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

David. R. Burnard.

Town

County

Died at. Parnville

Carroll

MARYLAND

Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
02	Oct.	17				Maryland	Farmer.
Male		White		<del>Married</del>		<del>Widow</del>	
<del>Female</del>		<del>Colored</del>		Single		Widower	
Number of children living							3.

Husband  
of  
WifeFather's  
Name Don't knowMother's  
Maiden Name

Don't know

Cause of  
Death { Primary  
Immediate

Pneumonia

How long sick

16 days.

Accident, Suicide, Homicide

Reported by

J. W. Day, Undertaker

Address

Liberty, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79884



Name in Full

Certificate of Death

Mamie Ellen Conaway

Town

Brist

County

Carroll

MARYLAND

Died at

Date 1902 Month Oct Day 2 Y. 20 M. 4 D. 23 Native of Maryland Occupation House wife

~~Male~~ White Married ~~Widower~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living two

~~Host~~ of

Edwin S Conaway

Wife

Father's Name

John W Pickett

Mother's Name

Elyse J Pickett

Cause of

Primary

Child birth

How long sick

17 days

Death

Immediate

Puerperal Septicemia

Accident, Suicide, Homicide

Reported by

E D Cronk M.D.

Address

Winfield

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706





Name in Full

Certificate of Death

Richard Connors

68

Died at Middleburg Carroll MARYLAND

Date 1899 1902 Month Oct Day 16 Y. 14 M. — D. — Native of — Occupation Fly stable boy

Male White ~~Married~~ Single ~~Widower~~ ~~Number of children living~~

Husband of \_\_\_\_\_

Wife \_\_\_\_\_

Father's Name Do not know

Mother's Name \_\_\_\_\_

Cause of Death { Primary Killed & dragged by horse

Immediate Skull fractured & <sup>internal</sup> Haemorrhage

How long sick \_\_\_\_\_

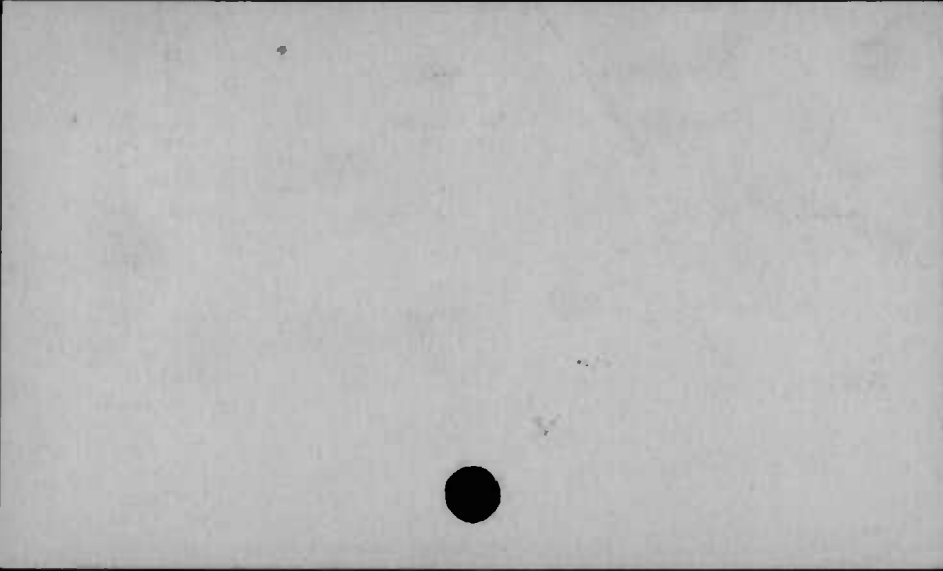
Accident, ~~Suicide~~ ~~Homicide~~

Reported by Dr. H. L. Fair

Address Union Bridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, RECORDS



Name In Full

Certificate of Death

66

*James L. Cox*  
 Died at *Marshall Bridge* Town *Carroll* County *MARYLAND*

Date 1902 *10* Month *8* Day *68* Y. M. D. Age *68* Native of *Smith Co.* Occupation *Farmer*  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband of \_\_\_\_\_  
 Wife

Father's Name *Geo. Cox* Mother's Maiden Name *Lanah Roberts.*

Cause of Death { Primary Immediate *Cardiac neuralgia* How long sick  
 Accident, Suicide, Homicide

Reported by *Wm. Marshall Brown M.D.*  
 Address *Union Bridge, Carroll Co.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

William W. Doran

Town

County

Died at

MARYLAND

Died at Westminster Carroll  
 Month 10 Day 20 Y. 4 M. 3 D. - Native of md Occupation \_\_\_\_\_  
 Date 1902  
 Male White Married Widow Divorced \_\_\_\_\_  
 Female Colored Single Widower Number of children living \_\_\_\_\_

Husband of

Wife

Father's Name

Singleton Doran  
 Mother's Maiden Name Jessie Spriggs

Cause of

Primary

ColdHow long sick \_\_\_\_\_

Death

Immediate

Peritonitis116

Accident, Suicide, Homicide

Reported by

Jas. H. Billingslea M. D.  
Westminster

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Stone

Name  
in  
Full

George Horsey

## CERTIFICATE OF DEATH

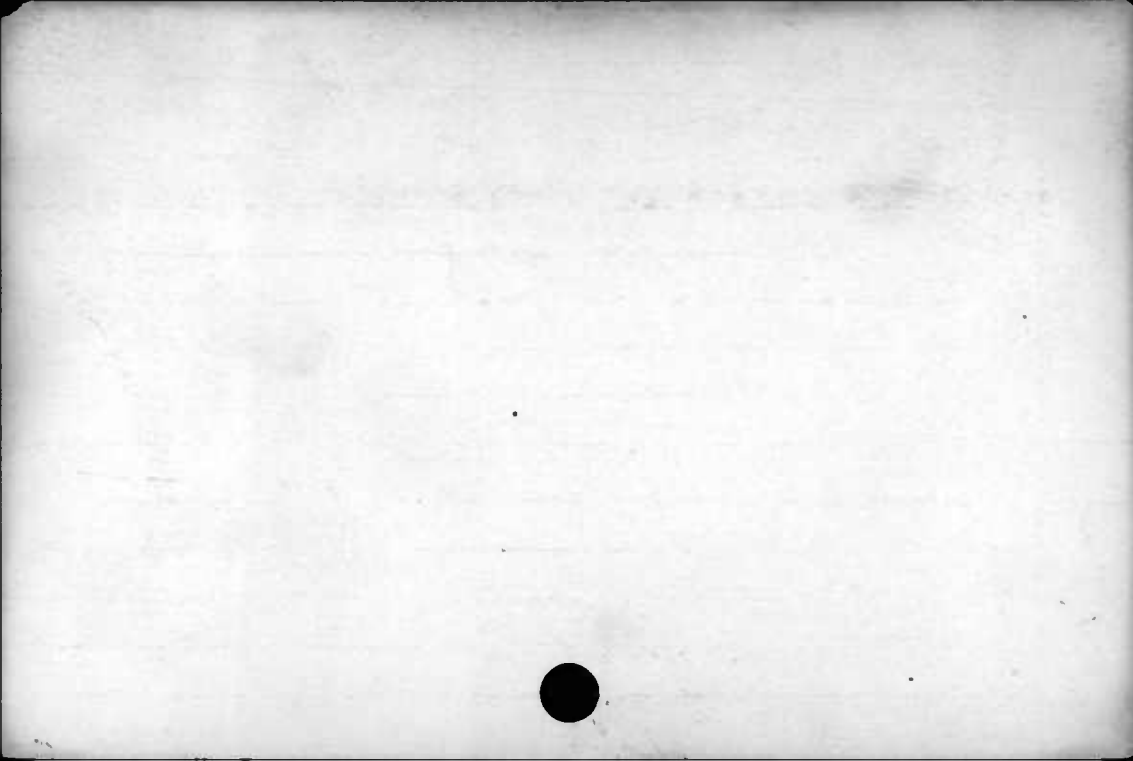
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Westminster</u> <sup>Town</sup>		<u>Carroll</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>2</u>	<u>Oct</u> <sup>Month</sup>	<u>31</u> <sup>Day</sup>	Age <u>71</u> <sup>Years</sup>	<u>6</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>Colord.</u>		Birth-place <u>Maryland</u>		
Married, Single or Widowed <u>Married</u>	Occupation <u>Laborer</u>				
Name of Wife or Husband <u>Mary Goodwin</u>					
Father's Name <u>William Leorsey</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Lucilla Woodyard</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving Information <u>Mary Leorsey</u>			How related to deceased <u>wife</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Arterio Sclerosis</u>	How long <u>2 years</u>
Immediate <u>Embolism of Liver</u>	How long <u>6 mos</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Chas R. Fouch</u>
	Address <u>Westminster</u>
	<u>Maryland</u>
Accident or Suicide? <u>2</u>	





Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

10

20

Age

65

-5

-9

Md

Blacksmith

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widow~~

Number of children living

6

Husband

of

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name  
in  
Full

CERTIFICATE OF DEATH

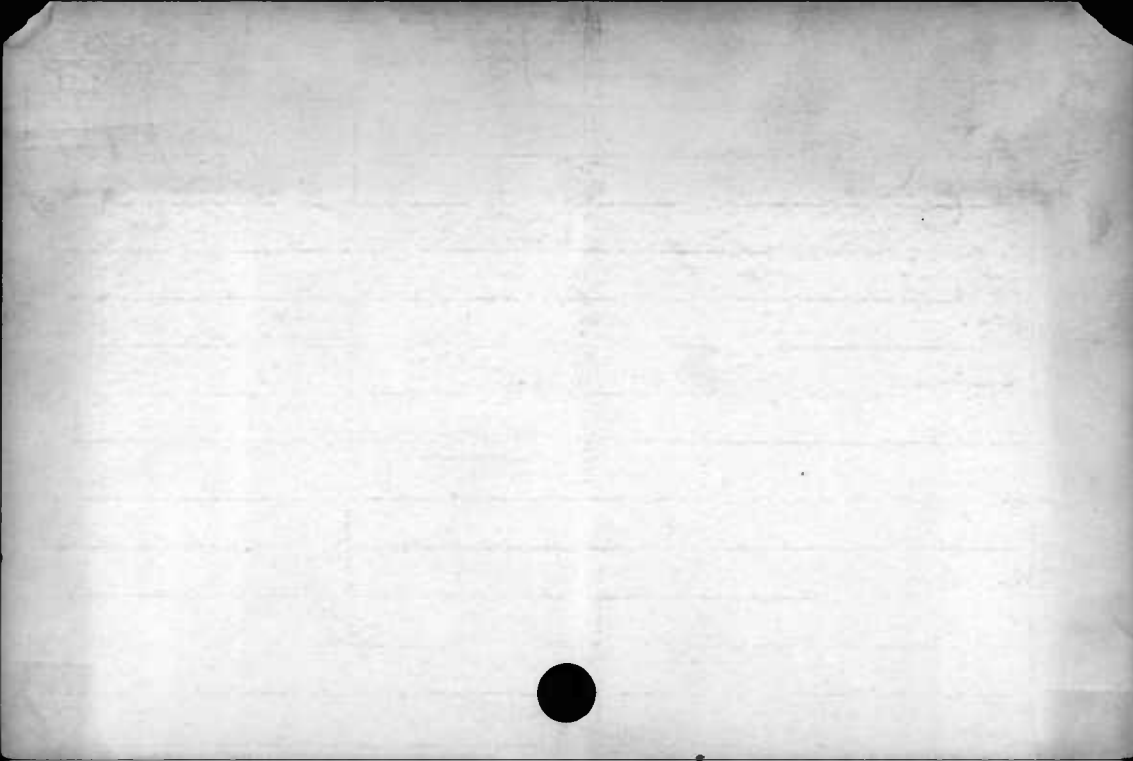
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hampsstead</i>		Town		<i>Carroll Co.</i>		County		MARYLAND	
Date of death 1902.		Month	Day	Age	Years	Months	Days		
10		27	19	1	12				
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place					
Married, Single or Widowed <i>Single</i>		Occupation <i>Laborer</i>							
Name of Wife or Husband									
Father's Name <i>Joseph Smith</i>		Father's Birthplace							
Mother's Maiden Name <i>Elizabeth Schmidt</i>		Mother's Birthplace							
Name of person giving information		How related to deceased							

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Adrenic Disease</i>	How long	<i>1 year</i>
Immediate	<i>Pulmonary Tuberculosis</i>	How long	<i>10 mo.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Edgar M. Bush</i>	
		Address <i>Hampsstead, Md.</i>	
Accident or Suicide?			



Rachel Ida Franklin

Town

County

Died at

Franklinville

Carroll

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

10 - 14

Age 44 - 1 - 7

Md

Household

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

3

~~Husband~~

of

Lewis C. Franklin

Wife

Father's

Name

Thomas H. Shipley

Mother's

Name

Cordelia Shipley

Cause of

Primary

Consumption

How long sick

18 months

Death

Immediate

Heart Failure 27

~~Accident, Suicide, Homicide~~

Reported by

J. P. Walsh &amp; Sons F. D. &amp; E.

Address

Winfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

*Herrn and Hammond*  
Died at *Ridgerville* <sup>Town</sup> *Carroll* <sup>County</sup> MARYLAND  
Date *02* <sup>Month</sup> *Oct* <sup>Day</sup> *8* Age *19* <sup>Y.</sup> *—* <sup>M.</sup> *—* <sup>D.</sup> *Ind* <sup>Native of</sup> *Ind* <sup>Occupation</sup>  
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
~~Female~~ ~~Colored~~ ~~Singla~~ ~~Widower~~ ~~Number of children living~~

Husband  
of  
WifeFather's  
NameMother's  
Maiden Name

Cause of

Primary

How long sick

Death

Immediate

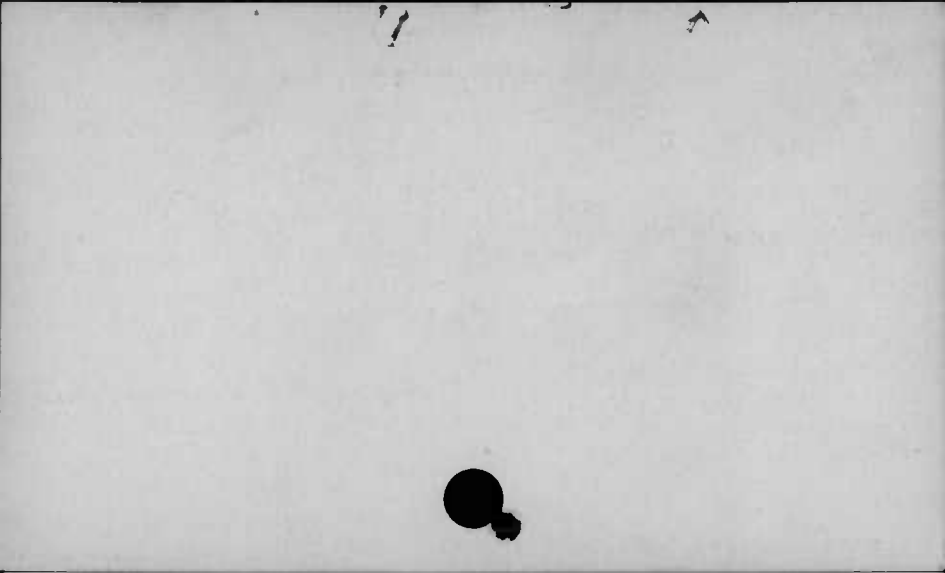
*Shot-*Accident, ~~Suicide~~, ~~Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808





Name in Full

Certificate of Death

Sarah Jane Harman

Town

Laneytown

County

Cecil

MARYLAND

Died at

1962

Date 189

Month

10

Day

31

Y.

60

M.

4

D.

Native of

Ind

Occupation

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living.

10

~~Husband~~

of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Joseph Harman

Christopher Dayhoff

Mother's

Name

Catherine Dayhoff

How long sick

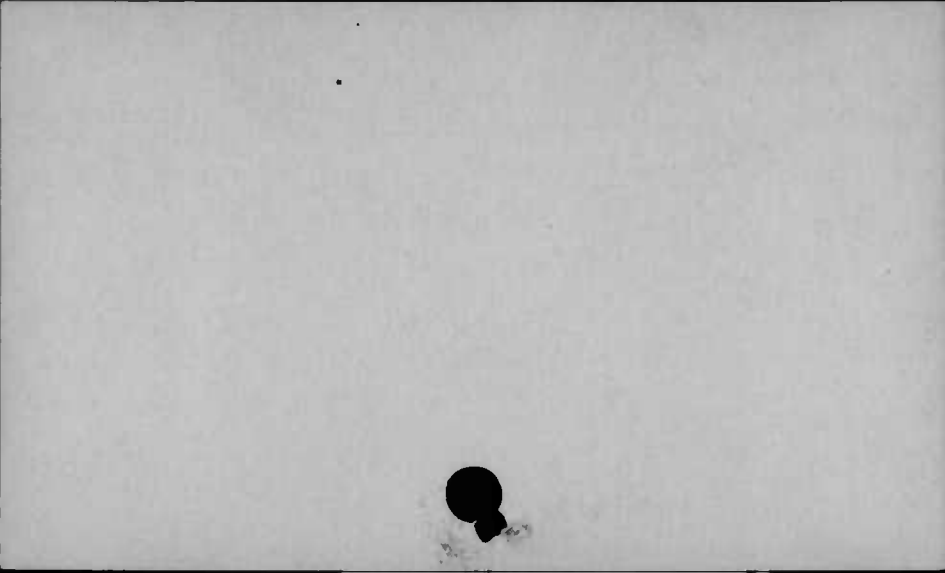
5 yrs.

~~Accident, Suicide, Homicide~~

L. W. Weaver

Laneytown Ind

LIBRARY BUREAU, 55968



Name in Full

Certificate of Death

Mrs. James Harris

Town

County

Died at

Parsville

Carroll

MARYLAND

Date 19

2

Oct 21

Age

54

Month

Day

Y.

M.

D.

Native of

Occupation

~~Male~~

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

~~Husband~~

of

Wife

Father's

Name

James Harris

Mother's

Maiden Name

Cause of

Primary

Consumption

How long sick

Death

Immediate

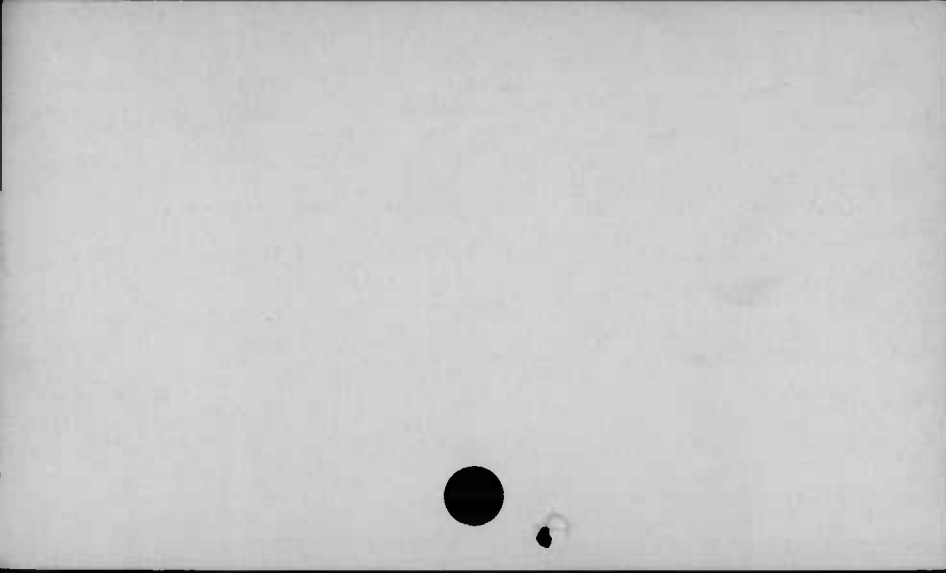
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Martha Ann Hynice

Town

County

Died at

Wishnu'stu

Carroll

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Oct 1

Age

43

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 5

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Heart disease

How long sick

Few hours

Death

Immediate

Accident, Suicide, Homicide

Reported by

Thos J. Coonan M.D.

Address

Wishnu'stu

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76898

Boss Church

Stone

Name in Full

Certificate of Death

James Keefer 69  
 Died at Union Bridge Carroll MARYLAND

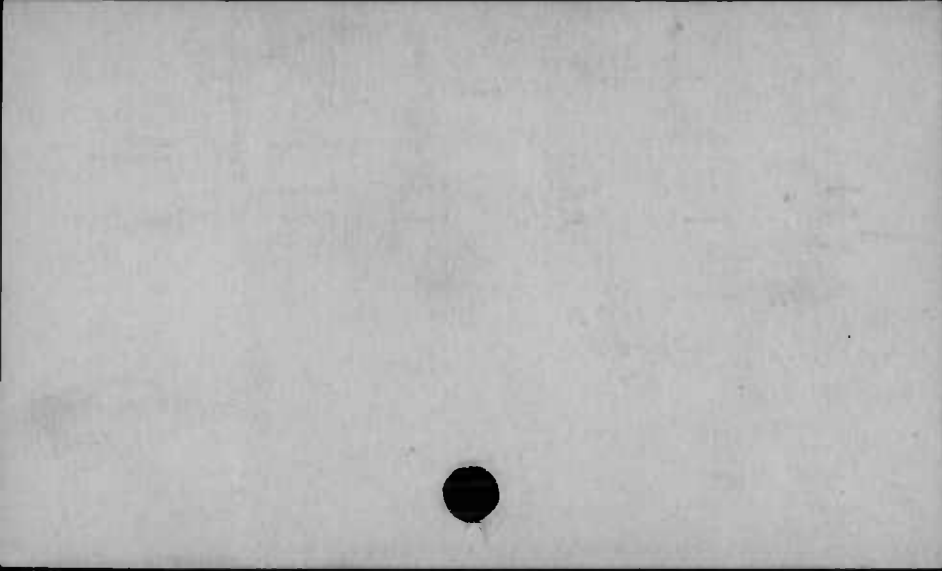
Date 1902 Month Oct Day 26 Y. 58 M. D. Native of Md Occupation Engineer  
 Male White Married ~~Single~~ ~~Widower~~ Number of children living 8

Husband of Letecia Keefer  
 Father's Name + Mother's Name +

Cause of Death { Primary Apoplexy  
 Immediate  
 How long sick Stricken suddenly.  
 Accident Suicide Hysteria

Reported by Dr. H. L. Fair  
 Address Union Bridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

67

L. Elizabeth Roome

Town

County

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02

Oct 10

Age

68

White

Widow

Female

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Nervousness

How long sick

2 weeks

Death

Immediate

Paralysis

~~Accident, Suicide, Homicide~~

Reported by

Dr H L Fair

Address

Union Bridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

CERTIFICATE OF DEATH

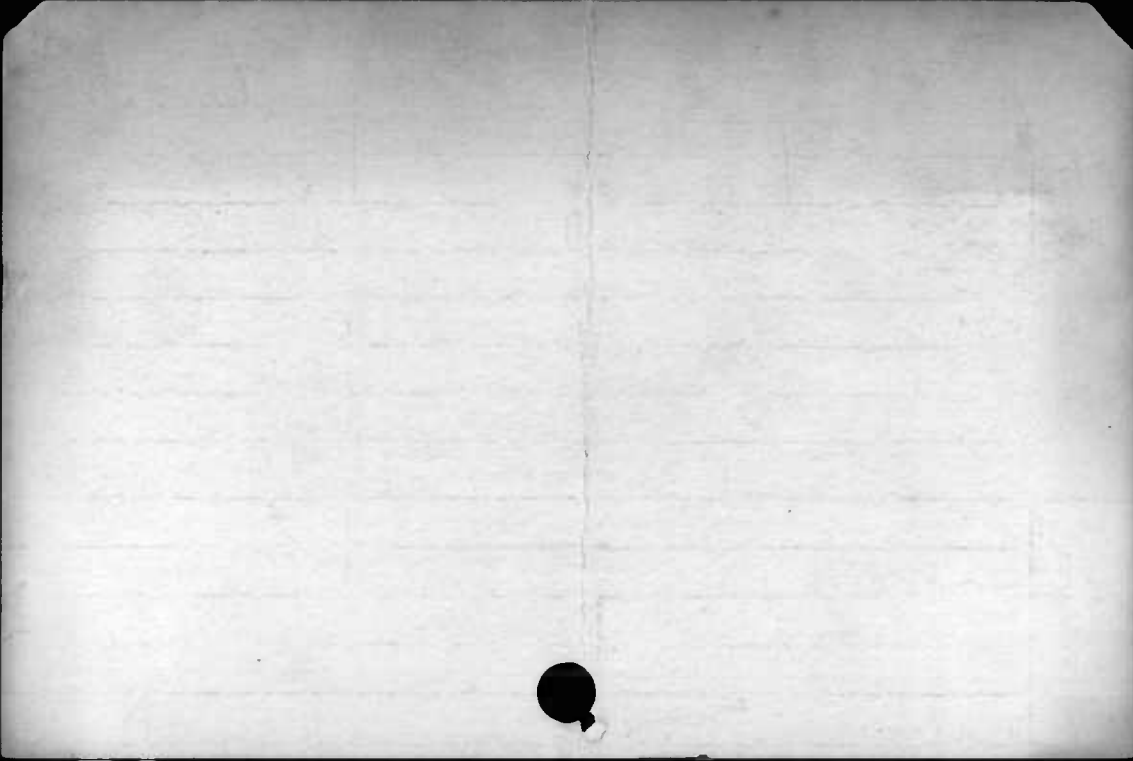
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hampstead</u> <sup>Town</sup> <u>Carroll</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>2</u> <sup>Month</sup> <u>Oct</u> <sup>Day</sup> <u>6</u> <sup>Years</sup> <u>45</u> <sup>Months</sup> <u>3</u> <sup>Days</sup> <u>5</u>			
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>—</u>	
Married, Single or Widowed <u>Married</u>	Occupation <u>Housewife</u>		
Name of <del>Wife or</del> Husband <u>Jos Matthews</u>			
Father's Name <u>—</u>		Father's Birthplace <u>—</u>	
Mother's Maiden Name <u>—</u>		Mother's Birthplace <u>—</u>	
Name of person giving information <u>Pearl Matthews</u>		How related to deceased <u>Daughter</u>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Cancer</u>	How long <u>Two years</u>
Immediate <u>Heart Failure</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. Preston M. M.</u>
	Address <u>Manchester</u>
Accident or Suicide? <u>—</u>	



Harry F Miller

Town

County

Died at

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1912

Oct-5-

Age

17 1 25

Maryland

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widow

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Typhoid Fever

How long sick

Death

Immediate

Hemorrhage

Accident, Suicide, Homicide

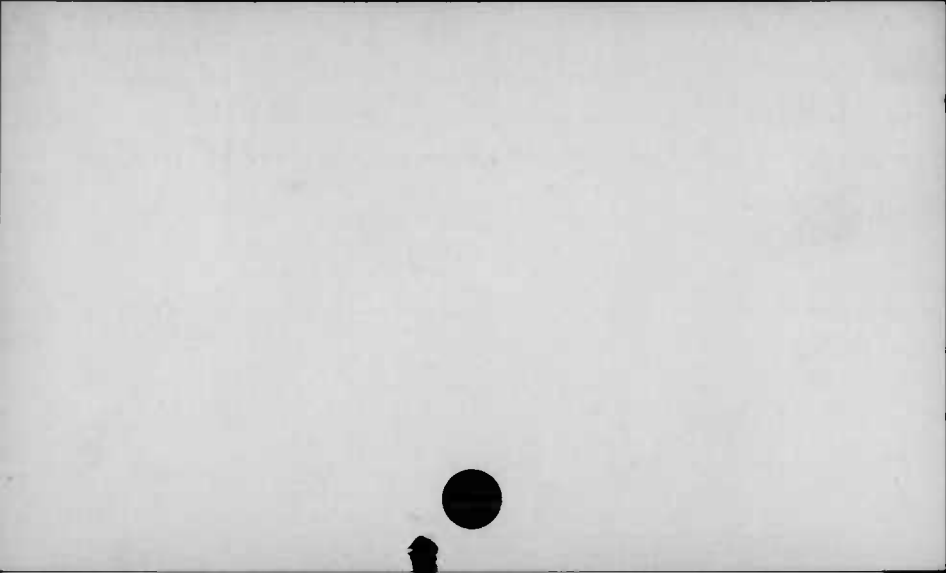
Reported by

J H Sherman M.D.

Address

Hannibal Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Laura

Renzel

D. Miller

Town

County

MARYLAND

Died at

Bruceville

Carroll

Date 1902 Oct. 27

Month

Day

Y.

M.

D.

Native of

Occupation

Age

3.0.10

Md.

Infant

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Obadiah C. Renzel

Mary Hahn

Cause of

Primary

Hemophilia, Dis. of stomach 3 weeks -

How long sick

Death

Immediate

Anaemia,

~~Accident, Suicide, Homicide~~

Reported by

Chas. H. Miller

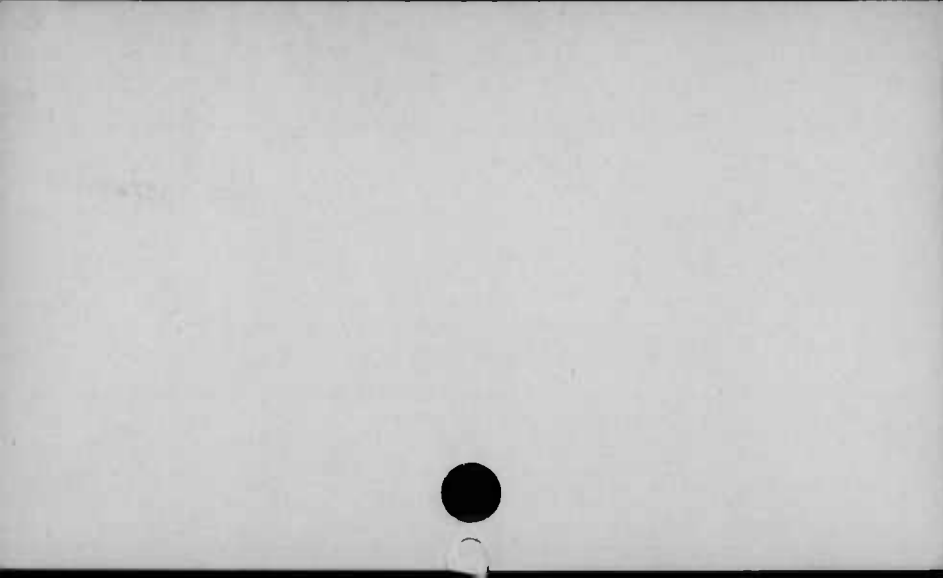
Address

D. P. Creek -

Maryland - X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





Name In Full

Certificate of Death

Annie, Louisa Toop

Town

County

Died at

Westminster

Carroll

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

10-20

Age

6-8

md

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

~~Number of children living~~Husband  
of

Wife

Father's

Name

Samuel Toop

Mother's

Maiden Name

Alice F. Myers

Cause of

Primary

Meningitis

How long sick

7 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Thos J. Coonan M.D.

Address

Westminster

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Stone

Gladys Wagner  
 Town Gist County Carroll

Died at

MARYLAND

Date 1902 Month 10 Day 1 Y. 1 M. 4 D. Native of Md Occupation  
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of  
 Wife

Father's Name Columbus M Wagner Mother's Name Elinor Wagner

Cause of Death Primary Imitation of Bowels How long sick 1 week

Death Immediate Heart Failure Accident, Suicide, Homicide

Reported by J. P. Walsh + Sons F. H. + E.

Address Winfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

